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ABSTRACT

The manual is designed to acquaint parents and friends of developmentally disabled persons in New York residential treatment facilities with the manner in which a developmental center should be maintained and staffed, the services which should be provided to the residents, and the basic legal rights of the residents. A short summary of rights is provided along with a descriptive list (including addresses) of organizations and agencies dealing with the legal rights of developmentally disabled individuals. Admissions and retention procedures are outlined and the right to an individualized program of habilitation is explained. Particulars of the living environment of residents, including acceptable methods and appropriate circumstances of restraint and seclusion, are explored. Other aspects considered include visitation and correspondence rights, vocational programs, maintenance and confidentiality of records, transfer procedures, community placement, medical treatment, and protection of residents through such legal means as conservators. A 37 item glossary of relevant terms is included. (PHR)

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RIGHTS OF THE RESIDENTS IN DEVELOPMENTAL CENTERS

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Introduction

The State of New York has undertaken the responsibility to provide to each of its developmentally disabled residents comprehensively planned care, treatment and habilitation. The Office of Mental Retardation and Developmental Disabilities (44 Holland Avenue, Albany, New York 12229), an autonomous agency of the Department of Mental Hygiene, is responsible for ensuring that the rights of the developmentally disabled are enforced.

This manual is designed to introduce parents and friends of the residents to the manner in which a developmental center should be maintained and staffed, the services which should be provided to the residents, and their basic legal rights. Advocacy organizations and the courts throughout the country have recently focused attention on the conditions of developmental centers and the rights of the residents. Substantial improvements have been realized, but much more remains to be done to normalize their lives. This manual is written to promote public awareness of the rights of the residents in these facilities.

Improvement of the conditions in the developmental centers, the development of alternatives to institutions, and the acceptance of residents returning to the community are ultimately the responsibility of all citizens of New York State. No one agency -- governmental, private or non-profit -- can address and solve the tremendous problems inherent in the network of developmental centers throughout New York State.

Educate yourselves. Form and participate in advocacy organizations furthering the rights of the developmentally disabled. You have the power to bring about change. PASDD, on its part, will train, educate and assist you to be pioneer advocates. Together, we can deliver an unsurpassed quality and equality of life for all.

Jack Bernstein
Executive Director

Civil Rights

No person is to be deprived of civil rights by virtue of admission to a developmental center. These rights include the right to due process, the right to equal protection, the right to protection from harm, the right to habilitation, freedom of speech, the right to practice the religion of one's choice, the right to register and vote in elections, the right to marry, to bear children, to own property and to enter into contracts. Residents of developmental centers are not deemed to be legally incompetent or otherwise unable to manage their personal affairs by reason of their admission alone.

All residents between the ages of 5 and 21 are entitled to the quality education they would otherwise receive in the local school districts, and if they can benefit, they are entitled to attend the local schools in the community. No resident is incapable of educational development regardless of age or disability.

Enforcement of Rights

The civil and other legal rights outlined in this manual can be enforced by the residents themselves, their parents and friends and other knowledgeable advocates for the developmentally disabled. The following organizations and bodies are available to furnish information and redress of grievances.

Mental Health Information Service

The Mental Health Information Service (MHIS) is a state agency whose services are available to all residents of the developmental centers free of charge. MHIS operates under the supervision of the judicial system of New York State. Its staff will assist residents and their families to understand and enforce their rights.

All residents and their representatives have the right to communicate freely and privately with the MHIS. Addresses and telephone numbers of its offices are posted at each developmental center. An interview with the MHIS may be sought at any time.

Residents and their families shall be informed of the responsibilities and availability of the MHIS upon admission, periodically during retention, and upon discharge from the developmental center.

Protection & Advocacy System for Developmental Disabilities, Inc.

PASDD is an independent, not-for-profit organization which has been designated pursuant to federal law to represent and assist developmentally disabled persons throughout the State. PASDD will represent individuals and organizations on matters relating to the protection of legal rights of the developmentally disabled. It furnishes information to the developmentally disabled and their families, and provides legal and other back-up support to citizen and volunteer advocates. It organizes and trains pioneer advocates in your community. PASDD offers legal and other assistance at no charge to its clients. Offices are located at:

175 Fifth Avenue, Suite 500
New York, New York 10010
212-982-1140

c/o Neighborhood Legal
Services
495 Elliott Square Building
Buffalo, New York 14203
716-847-0650

11 City Terrace North
Newburgh, New York 12550
914-561-2529

Consumer Advisory Board

A Consumer Advisory Board (CAB) has been established by the Consent Judgment in the Willowbrook class action. In addition, each developmental center has established their own CAB or Parents Advisory Board (PAB).

Members of the CAB or PAB, called correspondents, act as the representative of residents whose interests are not being actively represented by a parent, relative or other authorized person. The Willowbrook CAB is responsible for those who were residents of Willowbrook Developmental Center on March 17, 1972, wherever they may now be living.

Correspondents shall receive invitations to interdisciplinary treatment team conferences; be allowed access to residents' records; receive notification of the transfer of residents to other facilities or into the community; receive notice of the preparation of community service plans; and avail themselves of appeal and due process procedures.

Quality of Care Commission

The Quality of Care Commission is a branch of the Executive Department of New York State. Its duties include assisting in the establishment of policies and programs of the Department of Mental Hygiene; visiting and appraising the management of the developmental centers, taking particular note of the safety, security and quality of care provided to residents; and investigating complaints from residents and employees of the developmental centers.

Residents and their representatives may communicate with the members of the Commission on any matter relating to the general quality of care afforded to the residents. Correspondence may be addressed to the Quality of Care Commission, Executive Department, Albany, New York 12224.

Board of Visitors

Each developmental center is supervised by a Board of Visitors. The Board possesses the authority to investigate all charges brought against the Director of the facility, and all cases of alleged resident abuse or mistreatment lodged against any employee of the facility. The Board annually prepares an independent assessment of the living conditions at the developmental center.

Directors of each developmental center are required to appoint the following committees:

1. Consumer Advisory Board or Parents Advisory Board
2. Committee on Aversive Conditioning and Experimental Treatment - acts to ensure the rights and safety of residents whenever they are subjected to aversive conditioning and potentially hazardous or experimental treatment.
3. Human Rights Committee - protects the civil rights of all residents, and investigates all complaints alleging violation of those rights.
4. Pharmacy and Therapeutics Committee - serves as an advisory group on matters pertaining to the use of medication at the facility.
5. Special Review Committee - investigates all reported incidents.
6. Research Review Committee - approves and monitors all research conducted at the facility.

Each developmental center maintains a manual of policy and procedures specific to each facility which is to be made available to the residents and their representatives. The Office of Mental Retardation and Developmental Disabilities, in addition, has developed a manual which is the standard reference of agency policy and procedures employed at all developmental centers.

Admission and Retention Procedures

Residential care at developmental centers is available when community services are insufficient or inappropriate to address the needs of developmentally disabled persons. Priority is given to those who are severely or multiply handicapped. Admission may be obtained under one of three categories.

1. Voluntary Admission

Persons eighteen years old and over may voluntarily apply for their own admission. Those under eighteen years old may not apply on their own behalf. The application may be made only by a parent, guardian or next of kin.

Applicants for voluntary admission must have the mental capacity to understand:

1. that the facility is one for the developmentally disabled, and
2. that they are making an application for admission, and
3. the nature of voluntary status and the provisions governing release and conversion to involuntary status.

All voluntary residents, as well as the person who applied for admission or a person of equal or closer relationship if the resident is under eighteen years old, may at any time submit to

the Director of the facility a written request for release. Residents must be discharged within 72 hours. If, however, the Director reasonably believes that a resident is in need of involuntary care, he or she may, within the 72 hour period, apply to the Court for an order authorizing involuntary retention.

All voluntary residents must annually give written consent to their continued stay at the facility. Voluntary status cannot be continued beyond twelve months unless the MHIS finds that such status is suitable and the resident is willing to remain at the developmental center.

Upon notice, minor residents may be converted to non-objecting status when they reach the age of eighteen.

2. Non-Objecting Admission

Adults in need of residential care who are so severely mentally retarded that they do not have a sufficient understanding to make them suitable for voluntary admission, and who do not object, may be admitted to a developmental center on non-objecting status.

The application for admission may be made by a parent, guardian or next of kin, the Director of the facility, or an authorized public official. A certificate from an examining physician or certified psychologist showing that the individual is a proper candidate for non-objecting admission must accompany the application. Relatives are disqualified from acting as examining physicians or psychologists.

The procedures for release of a non-objecting resident parallel those utilized with voluntary residents. Written notice requesting the resident's release may be submitted to the Director who shall, within 72 hours, either discharge the resident or apply to the Court for an order authorizing involuntary retention.

The MHIS must review the retention of each non-objecting resident annually.

3. Involuntary Admission

Mentally retarded adults whose judgment is so impaired that they are unable to comprehend that residential care is essential to their welfare may be admitted to developmental centers even though they object. The application for admission may be made by a parent, guardian or next of kin, the Director of the facility, or an authorized public official. The application must be accompanied by the certificate of two examining physicians or one physician and one psychologist after they have reviewed and rejected alternative forms of care.

Within 60 days from the date of admission, the Director must petition the Court for an order authorizing involuntary retention for no longer than one year. Within that 60 day period, any friend or relative of the resident may request that the Director immediately initiate court proceedings.

Upon admission to a developmental center, all residents and their families are to be notified in writing of the resident's status, rights and the availability of the MHIS.

Right to Habilitation

Residents of developmental centers are entitled to receive an individualized program of habilitation designed to maximize their abilities, to mitigate the effects of their handicapping conditions, and to foster social, educational and vocational competence. Accordingly, a developmental plan is formulated for each resident. The developmental plan sets forth a clear statement of one's needs and abilities, appropriate programs and therapies, schedules of attainment of both long and short term habilitative objectives, and community placement goals. It is to be implemented on a 24 hour basis.

An interdisciplinary treatment team (ITT) is assigned to prepare and implement the developmental plan. The ITT consists of direct care staff and licensed professionals in various clinical disciplines, such as education, physical therapy, recreational therapy, speech, hearing, etc.

Within 21 days of admission, and annually thereafter, evaluations are performed by the ITT to assess each resident's medical, educational, physical and vocational needs. Based upon these evaluations, programming strategies are composed and incorporated into the developmental plan.

One member of the ITT is designated as a resident's client coordinator. The client coordinator acts as a liaison among the resident, family and staff. The coordinator monitors the implementation of the developmental plan and convenes quarterly ITT

meetings to review the appropriateness of the developmental plan.

The developmental plan is of fundamental importance in a resident's habilitation. A resident's representative must receive written notice inviting participation in its formulation and review. If an ITT meeting is inconveniently scheduled, an alternative time can be arranged.

Informal criticism of the developmental plan may be made to the client coordinator. In addition, residents or their representatives may, in writing, formally object to the programming or lack of specific programming contained in the plan. They may seek assistance from the MHIS or any other advocate in presenting their objections. Written objection should be forwarded to the Chief of Service. Formal objections will be heard by an independent hearing officer. An appeal of the hearing officer's decision may be made to the Commissioner of the Office of Mental Retardation and Developmental Disabilities.

Each resident shall receive appreciable and appropriate attention each day from the direct care staff, consistent with and in furtherance of the developmental plan. Unless their handicapping conditions are too disabling, all residents must receive a minimum of six scheduled hours of programmed activities five days a week. In addition, each resident is to receive a minimum of two hours of recreation activities each weekday. Every resident can benefit from some form of active programming regardless of the nature or severity of his or her disability.

Corporeal punishment, humiliation and dehumanization of any kind is prohibited. Programming shall never be withdrawn as

a form of punishment, nor shall residents be placed in the infirmary for disciplinary reasons or for any purpose related to medical treatment.

The Living Environment

All living areas must be safe, clean, properly ventilated, aesthetically pleasing and adequately staffed. They shall be as homelike and personal as possible. All buildings must be readily accessible to even the most physically disabled.

Residents are entitled to unlimited access to clean and operational toilets and showers. Personal hygiene items, such as towels, toothbrushes, toothpaste, shaving cream, soap, shampoo and feminine hygiene supplies are to be made available.

An adequate allowance of clothing which is well-fitting, clean and seasonably and stylishly appropriate is to be supplied. Residents of grossly different ages and developmental levels should not be housed together, and residents of varying disabilities shall be integrated unless their individual needs require otherwise.

The staff of the developmental center are expected to facilitate age-appropriate social interaction between the sexes, and will offer sexual education and counseling as part of the normalization process. Residents have the right to receive contraceptive devices and drugs.

Residents may not be denied free access to the grounds of the developmental center unless they are seriously dangerous to themselves or others, or unless they are so severely handicapped that free access is not possible. Nevertheless, residents denied free access are to be granted regular, supervised opportunities to stroll the grounds.

Restraint and Seclusion

Restraint shall be resorted to only to prevent residents from seriously injuring themselves or others, after less restrictive methods of control have been found insufficient. Never may a resident be restrained as punishment, for the convenience of the staff, or as a substitute for active programming.

A written order of a physician, upon a personal examination, must first be obtained before physical restraint is effected, except in emergency situations. The physician may authorize the restraint for no more than four hours, unless it is to be employed overnight. During the time it is applied, the resident should be monitored to insure that his or her physical needs, comfort and safety are cared for. In addition, a physician shall assess the resident's condition every 30 minutes. It is required that residents be released from restraint every two hours, unless asleep, to evaluate its continuing need. All uses of restraint and the accompanying physician's orders and assessments are to be documented in the resident's records.

Items which are designed to promote the health and safety of a resident, such as helmets and positioning devices, may be used if properly fitted, with concern for circulation and the allowance for change of position.

Pharmacological restraint may be authorized by a physician for no more than 12 hours, and renewed for further 12 hour periods after personal examination.

The seclusion of developmentally disabled persons is prohibited.

Visitation and Correspondence

All residents have the right to communicate freely and privately with others both inside and outside the facility as frequently as desired. Maintaining ties with family and friends in the community is a vital component of the normalization process and may not be restricted in the absence of exceptional circumstances. Any limitation must be fully explained, and recorded in the developmental plan.

A. Visitation

Each developmental center has established regular and reasonable visiting hours each day and evening of the week. Prior notification or request by either the resident or the visitor is not required. Residents, however, retain the privilege to refuse visitors. Visits at times other than regular visiting hours may also be arranged with the staff.

Any restriction on one's right to visit on or off the grounds must be discussed with both the resident and his or her representative. Any such limitation may also be appealed.

Residents and their guests are entitled to a reasonable degree of privacy in comfortable surroundings. Guests may visit the living, dining and recreational areas of the facility. Representatives may consult with the staff and, with approval, review programs in which the resident participates.

Residents may go on day, evening, overnight and vacation excursions with families and friends.

B. Correspondence

Access to means of communication is to be made readily available to all residents. Restrictions on their freedom to communicate with others cannot be imposed as punishment or as part of a behavior modification program. There shall be no censorship of incoming or outgoing mail except when the staff believes that such mail contains dangerous materials. In such cases, the resident and his or her representative shall be notified of this encroachment, and of their right to appeal. Letters which are illegible, which complain of treatment or conditions at the facility, or which staff members find objectionable cannot be censored or restricted solely upon those grounds. Residents, in all circumstances, have the unqualified right to communicate with the MHIS, public officials, attorneys and clergymen.

Public telephones are to be made available along with the money to use them. Residents are to be given stamps, paper, envelopes and writing instruments. Staff members will assist in the writing, reading or opening of letters for residents unable to do so for themselves. Non-English speaking residents shall have someone versed in their language available to them.

Vocational Programs

Vocational activities are offered to residents in accordance with their varying abilities. A vocational rehabilitation services plan is one of the components of the developmental plan. It contains an evaluation of each resident's abilities, stated goals, and periodic review of one's progress and work productivity.

Each developmental center offers vocational programs in which the residents 16 years of age and older are actually engaged in employment activities. Pre-vocational programs are available to encourage and assist residents to develop the appropriate work attitudes and skills necessary for employment.

Records for each resident shall include a cumulative record of the dates and hours worked, a description of the work performed and rate of payment. Residents and their representatives are entitled to an explanation of the rules concerning rates of pay, pay periods, and the deductions taken from earned income.

Every effort will be made to assist residents who are ready to obtain outside employment. Residents have the right to refuse to participate in any employment activity.

Personal Property

Residents have the right to receive and use personal property. Adequate and accessible storage space for clothing and other property is to be made available to each resident.

Personal accounts are maintained for each resident. Residents are encouraged to take whatever responsibility they can to manage their money. Relatives and friends are encouraged to deposit small sums of money in these accounts for the purchase of gifts to normalize and enrich the lives of the residents. The accounts cannot be invaded to purchase items or services which are the State's obligation to provide.

Records

Records for each resident are maintained at the developmental center. These records contain information on all matters pertaining to admission, legal status, the developmental plan, medical and other clinical evaluations, restrictions on one's rights, and any other relevant information.

All information is privileged and confidential. The records may be seen only by the residents, their representatives, the MHIS and other authorized persons and agencies.

Statements of policy and procedure of the Office of Mental Retardation and Developmental Disabilities and other documents which are available for public inspection may be obtained under the Freedom of Information Law. Requests should be made to Counsel, Office of Legal Affairs, 44 Holland Avenue, Albany, New York 12229.

Reimbursement

The Department of Mental Hygiene is authorized to charge a fee for the services provided to the residents of developmental centers. No person, however, shall be denied services because of an inability or failure to pay.

As of August 5, 1977, parents are not liable for the services rendered to their children under 21, even though the children return to the parents' home for periodic visits. Parents are not responsible for the fees charged for the services provided to their children over the age of 21. The Department may recover payment for services from assets owned by a resident.

Transfer to another Developmental Center

Residents may be transferred to another developmental center to improve the quality of services rendered, or to locate the residents closer to their families. When a staff member believes that transfer is in the resident's best interests, or when the resident or representative requests a transfer, written notice will be sent inviting them to a conference to discuss the movement. If requested, the resident's representative will be permitted to visit the receiving facility.

Voluntary residents cannot be transferred over their objection. Transfers of voluntary residents under 18 years of age may be made only upon the consent of their parent or guardian.

The proposed transfer may be objected to at a hearing. Placement will not be made pending the completion of the hearing and any administrative appeal proceedings, unless immediate transfer is medically necessary.

When a resident is moved, the receiving facility will implement the current developmental plan, and will review it within 21 days of the transfer.

Community Placement

The developmentally disabled are entitled to receive appropriate habilitative services in the least restrictive environment. Admission to a developmental center should be resorted to only when alternative living arrangements, such as community residences, foster care and family care are inappropriate or unavailable.

Residents may be discharged or conditionally released into community settings, which afford greater opportunities for normalization in a less restrictive environment.

Before being discharged or conditionally released from a facility, an alternative living arrangement must be found for the resident. At least 30 days prior to the placement, a community service plan is prepared. It is designed with the participation of the staff, the resident, and his or her representative. The plan specifies where the resident is to live, the sources of his or her economic support, vocational and habilitative programs to be provided, and the primary client contact responsible for implementing and reviewing the plan. Every community placement shall offer a supervised, 6 hour daily program of services pursuant to the plan, which is to be reviewed quarterly.

An individual conditionally released into the community may be ordered back to the developmental center if it is believed that he or she is in further need of residential care. Voluntary

and non-objecting residents may not be returned to the developmental center over their objection, except upon compliance with the procedures relating to involuntary admissions. Conditionally released residents shall be informed, in writing, of their status and rights every 120 days.

Written request to the Director for discharge or conditional release may be made by the resident or representative. The request can be denied if the desired community placement is inappropriate or unavailable because of space limitations. This denial may be appealed.

Residents and their representatives may present their objections to any proposed community placement to an impartial hearing officer and be assisted by the MHIS or other advocate. Any party may appeal the hearing officer's decision to the Commissioner of the Office of Mental Retardation and Developmental Disabilities. While administrative proceedings are pending, the transfer will not be implemented.

Medical Treatment

Residents shall receive all medical treatment necessary to preserve their health on a 24 hour basis. Comprehensive medical, dental, eye and hearing examinations are to be performed at least annually. Serious illnesses and injuries must be reported immediately to a resident's family.

Informed consent is required before a resident receives surgery, major medical treatment, experimental drugs, aversive conditioning, or before he or she participates in human research. Aversive conditioning may be employed after approval by the facility's Committee on Aversive Conditioning & Experimental Treatment when a resident's behavior poses a serious risk of danger, and after other methods of behavior modification have been explored. Residents may participate in research which does not conflict with their developmental plans, after approval by the Committee.

Residents 18 years of age and over who have sufficient mental capacity may give their informed consent whenever required. For residents under 18, or those who lack sufficient mental capacity, informed consent must be given by their parents, legal guardian or the court. Emergency medical treatment may be rendered when the person authorized to give informed consent is unavailable.

Any method of medical treatment may be objected to by a resident or representative. Emergency medical treatment may be rendered over objection only if necessary to avoid serious harm to limb or life.

Residents are entitled to receive all necessary prosthetic devices and other health care items, such as eyeglasses, wheelchairs, crutches, walkers, hearing aids and braces.

Use of electric shock therapy is prohibited.

Complaints and Objections

Residents and their representatives have the right to complain about living conditions at the developmental center or to object to any form of care and treatment. Complaints and objections not resolved by the client coordinator, the ITT, the Chief of Service or Director of the facility may be referred to the Commissioner of the Office of Mental Retardation and Developmental Disabilities. Whenever any objection or complaint is not resolved through administrative procedures, judicial review by the Courts may be sought. The services of the MHIS or other advocates may be utilized for this purpose.

Voluntary and non-objecting residents may not be subjected to any form of care and treatment over their objection.

Committees, Conservators and Guardians

When a person is unable to manage his or her property or personal affairs by reason of mental retardation, age or illness, a substitute decision-maker such as a conservator, committee or guardian may be appointed by a court. A committee is appointed when the ward is found legally incompetent, for the purpose of preserving the ward's property and providing for his or her support and maintenance. Alternatively, a conservator may be appointed.

A guardian may be appointed by the court to protect mentally retarded persons and/or their property. Guardianship continues for the life of retarded individuals, who must first be adjudged by the court as being incapable of managing themselves and their own affairs by reason of mental retardation. The court must also be satisfied that the appointment of a guardian is in the retarded person's best interests.

A petition requesting the appointment of a guardian may be filed with the court by a parent or any other person interested in the welfare of the retarded person. Further information pertaining to the court procedure may be obtained from the MHIS or the Protection & Advocacy System for Developmental Disabilities.

Some adult mentally retarded persons are employed and are wholly or substantially self-supporting. In such situations the Court may appoint a limited guardian of their property, excluding wages or earnings. The adult mentally retarded person has the right to a jury trial, unless waived by failure to demand it.

A standby guardian and alternate standby guardian may be appointed at the same time the guardian is appointed. This assures an unbroken line of guardians for the lifetime of the mentally retarded person.

A non-profit corporation may be appointed as guardian of the person. This is known as corporate guardianship. The New York State Association for Retarded Children, Inc. is a resource for persons seeking corporate guardianship.

Guardianship is a serious legal matter. It requires the guidance of competent legal counsel. The Protection & Advocacy System for Developmental Disabilities, Inc. offers free legal representation in guardianship proceedings where the applicant is unable otherwise to obtain legal counsel.

GLOSSARY

1. aversive conditioning- use of unpleasant or painful techniques for the purpose of controlling or modifying a resident's behavior.

2. behavior modification- system of reinforcements designed to alter a resident's behavior.

3. chief of service- professional at the developmental center responsible for supervising the services provided and the welfare of the residents.

4. client coordinator- member of the interdisciplinary treatment team (ITT) responsible for monitoring the services rendered to assigned residents.

5. community services plan- program of habilitation formulated prior to the time a resident is discharged or conditionally released from a developmental center.

6. community status- status of a resident who has been conditionally released to a community placement.

7. correspondent- member of the Consumer Advisory Board or the Parents Advisory Board.

8. developmental disability- disability attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment, autism, dyslexia, or other conditions closely related to mental retardation, which originates before the age of 18, and which can be expected to last indefinitely.

9. developmental plan- individualized program of habilitation formulated for each resident.

10. direct care staff- persons, other than staff professionals, who provide for the well-being of the residents, train them in the activities of daily living, and assist in the implementation of the developmental plan.

11. discharge- release from a developmental center and the termination of the Director's authority to have the resident returned.

12. due process- constitutional right requiring the government to act fairly and to provide a hearing at which unreasonable or illegal action may be challenged.

13. equal protection- constitutional right to be free from unreasonable discrimination based upon one's disability, sex, race, religion or national origin.

14. family care- placement in a private home supervised by the Department of Mental Hygiene.

15. foster care- placement in a private home under the supervision of the Department of Social Services.

16. guardian- person appointed by the court to manage another's property or personal affairs.

17. habilitation- development of social, educational, vocational and other skills necessary to live independently, or at the highest possible level of competence.

18. incidents- injuries, restraint, abuse, mistreatment, neglect, medication errors, serious drug reactions, assaults, deaths.

19. informed consent- consent to medical treatment with the knowledge of the nature of the treatment proposed, its anticipated benefits and possible risks, alternative methods of treatment, and the understanding that consent may be withdrawn.

20. interdisciplinary treatment team (ITT)- members of the direct care staff and qualified professionals assigned to implement and review the developmental plan.

21. least restrictive environment- the most unstructured living arrangement feasible which provides habilitative services to the developmentally disabled.

22. legal incompetency- judicial determination that an individual lacks sufficient capacity to manage his or her personal affairs.

23. mistreatment- practices inconsistent with the developmental plan or which violate the rights of residents.

24. neglect- failure to implement or supervise the developmental plan, or any other deprivation to which a resident is subjected.

25. next of kin- closest member of a resident's family.

26. normalization- process of encouraging and assisting the developmentally disabled to lead a life-style as similar as possible to that of non-handicapped persons.

27. pharmacological restraint- use of medication which alters a resident's behavior and which inhibits the free movement of the body.

28. primary client contact- individual responsible for reviewing the progress of those who have been released from a developmental center, and their community services plan.

29. programming- activities designed to further the care and habilitation of residents at developmental centers and those in community placements.

30. protection from harm- constitutional right to be free from injury caused by the staff, other residents, or the living conditions of the developmental center.

31. regional director- Department of Mental Hygiene administrator responsible for the welfare of developmentally disabled persons living within their catchment areas.

32. representative- parent, guardian, committee, conservator, friend or relative of the resident, or a member of the Consumer Advisory Board or Parents Advisory Board.

33. restraint- use of any apparatus or medication which inhibits the free movement of the body.

34. seclusion- placement of a resident in a room alone from which he or she cannot leave without assistance.

35. team leader- qualified professional responsible for coordinating the efforts of the interdisciplinary treatment team.

36. treatment- prevention and remediation of a resident's physical disabilities or illnesses.

37. Willowbrook Consent Judgment- court supervised agreement ensuring the rights of the residents of Staten Island Developmental Center (formerly Willowbrook).